

SECTION 1. Personal Information

Position applying for: _____ Date: _____

Name (First, MI, Last): _____ SSN: _____

Other names used: (maiden names, former names changed legally or otherwise, aliases):

Present Address: _____

City: _____ State: _____ Zip: _____ U.S. Citizen: ☐ Yes ☐ No

Telephone (home): _____ Telephone (work): _____

Sex: _____ Height: _____ Weight: _____ Date of Birth: _____

Vehicle Operator's License Number: _____ Expiration: _____

Selective Service Number: _____

SECTION 2. Military Service

Have you ever been a member of the Armed Forces, U.S. or Foreign? _____

Branch of Service: _____ Service Number: _____

Date of Entry: _____ Date of Discharge: _____

Type of Discharge: _____ Place of Discharge: _____

Rank upon Entry: _____ Rank upon Discharge: _____

List any disciplinary actions (ARTICLE 15s, COURT MARTIALS, etc.)

Date	Command	Location	Nature of Charge	Disposition
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SECTION 3. Family InformationPresent Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse Name: _____ SSN: _____

Address: _____ City: _____ State: _____

Date of Birth: _____ Place of Birth: _____

Place of Employment: _____

Business Address: _____

Occupation: _____ Business Phone: _____

if separated or divorced, give date, name & location of court granting the decree:

Child Information (all children and/or stepchildren)

Name

Age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List the names, ages and relationships of any additional persons living with you:

Name

Age

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extended Family Information

Father's Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

Extended Family Information (cont'd.)

Mother's Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

Father-in-Law's Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

Mother-in-Law's Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

List the names, ages, addresses and occupations of all brothers and sisters:

Name	Age	Address	Occupation
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List your addresses for the past 15 years. If you have served in the Armed Forces, list all duty stations. Start with the most current address.

From	To	Address	City	State (include zip code)

[illegible]

SECTION 4. Education& Skills

List all high schools, colleges, universities, professional and trade schools attended. Please provide dates of attendance, name of institutions, locations, courses of instruction, and, if applicable, graduation dates and degrees or diplomas received:

From	To	School	Location	Type of Degree/Diploma	Graduation Date
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have typing and/or keyboarding skills? ☐Yes ☐No If yes, how many words per minute? _____

List any other office equipment/computers that you use proficiently (please include software): _____

Do you have any special training, or hold any special licenses, certifications or permits? ☐Yes ☐No. If yes, please explain:

List any clubs, social or fraternal organizations, professional or trade unions or associations to which you currently belong or have belonged:

Have you ever applied for employment with any fire, rescue or law enforcement agency/department? ☐Yes ☐No. If yes, please provide date, agency, location, and status of application: _____

Do you have any relatives, friends or acquaintances employed by any law enforcement, fire or rescue agency or department ? ☐Yes ☐No. If yes, please complete section below:

Name	Agency	Position
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_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 5. Employment Experience

List all jobs you have held in the past ten years beginning with your current or most recent position. Please include military service, part-time jobs and any periods of unemployment. Attach additional sheets, if necessary.

From: _____ To: _____ Starting _____ Ending _____
Dates of Employment (Month/Year) Title of Position Salary or Earnings

Name and Address of Employer (include state and zip code) Name/ Title of Supervisor

Area Code & Phone No. Reason for Leaving

From: _____ To: _____ Starting _____ Ending _____
Dates of Employment (Month/Year) Title of Position Salary or Earnings

Name and Address of Employer (include state and zip code) Name/ Title of Supervisor

Area Code & Phone No. Reason for Leaving

From: _____ To: _____ Starting _____ Ending _____
Dates of Employment (Month/Year) Title of Position Salary or Earnings

Name and Address of Employer (include state and zip code) Name/ Title of Supervisor

Area Code & Phone No. Reason for Leaving

From: _____ To: _____ Starting _____ Ending _____
Dates of Employment (Month/Year) Title of Position Salary or Earnings

Name and Address of Employer (include state and zip code) Name/ Title of Supervisor

Area Code & Phone No. Reason for Leaving

From: _____ To: _____ Starting _____ Ending _____
Dates of Employment (Month/Year) Title of Position Salary or Earnings

Name and Address of Employer (include state and zip code) Name/ Title of Supervisor

Area Code & Phone No. Reason for Leaving

SECTION 6. Legal History

Have you ever been convicted in any court of law of any criminal charge whether felony or misdemeanor?

☐ Yes ☐ No

Have you ever been arrested or charged with any criminal offense? ☐ Yes ☐ No

Have you ever been detained for questioning by any law enforcement agency in connection with a criminal act?

☐ Yes ☐ No

Have you ever been required to furnish bail or bond for an appearance in any court of law? ☐ Yes ☐ No

Have you ever received a ticket or summons for any violation of traffic laws? ☐ Yes ☐ No

****If the answer to any of the above questions is yes, Please explain below in detail; giving date, place, charge and final disposition in each case.**

DATE	PLACE	CHARGE	FINAL DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To your knowledge, has any member of your family ever been arrested for a criminal offense? ☐ Yes ☐ No
if so, please explain below:

Have you ever been the **victim** of any criminal act which was reported to legal authorities? ☐ Yes ☐ No

If so, please explain below:

Have you ever used or experimented with any illegal drug or substance, such as, but not limited to (Check all that apply):

☐ Marijuana ☐ Heroin ☐ LSD ☐ Speed ☐ Cocaine ☐ Hashish ☐ PCP ☐ None

List any other drug, narcotic or hallucinogen, used: _____

If there was a positive response to any of the above, please describe the circumstances:

First Time Used	Last Time Used	Extent of Frequency
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_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 7. Financial History

Are you currently meeting your financial obligations? ☐Yes ☐No

Have you ever been contacted by a collection agency in reference to any outstanding, unpaid debts? ☐Yes ☐No

Have you ever been declared officially bankrupt? ☐Yes ☐No If so, give the date, name and location of court

List your current indebtedness (including rent, mortgage, loans, credit cards, etc.)-

Amount	To Whom owed	Monthly payment	Item(s) purchased
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Use **this space to continue answers to any previous questions. Please be sure to note the question being answered.**

SECTION 8. Career Goals

Do you plan to make a career of your employment with the Hampton Sheriff's Office? ☐Y ☐N Please explain your answer, in your own handwriting. (Note: A "NO" answer will not preclude you from being considered for employment.)

SECTION 9. Affidavit

I hereby certify that all statements contained in this questionnaire for employment with the Hampton Sheriff's Office are true and complete to the best of my knowledge. I have neither withheld nor misrepresented any facts contained herein. I authorize the Hampton Sheriff's Office and its agents to conduct a complete and comprehensive investigation into my background for the purposes of determining my fitness for service in that office. I also understand that my omission or misstatement of material facts may be grounds for rejection of my application or of dismissal from the employment at the Hampton Sheriff's Office.

DATE

APPLICANT'S FULL SIGNATURE